



DUANE MORRIS LLP  
ONE MARKET, SPEAR TOWER, SUITE 2000  
SAN FRANCISCO, CA 94105-1104  
PHONE: 415.371.2200  
FAX: 415.371.2201

RECEIVED  
CENTRAL FAX CENTER

JAN 13 2005

## FACSIMILE TRANSMITTAL SHEET

**TO:** Examiner Jonathan M. Foreman  
**FIRM/COMPANY:** U.S. Patent and Trademark Office  
**FACSIMILE NUMBER:** (703) 872-9306  
**CONFIRMATION TELEPHONE:** (571) 272-4724  
**FROM:** Anne Marie Leavy for Edward J. Lynch  
**DIRECT DIAL:** 415.371.2217  
**DATE:** January 13, 2005  
**USER NUMBER:** 5121  
**FILE NUMBER:** Docket No. R0367-00201  
**TOTAL # OF PAGES:** 16  
(INCLUDING COVERSHEET)  
**MESSAGE:** Attached is a Response to the Election/Restrictions of Species Requirements mailed 12/15/2004 in connection with patent application Serial No. 10/010,213, filed December 4, 2001.

*Please confirm receipt of this facsimile.*

NOTE: Original will NOT follow

### CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

If there is a problem with this transmission, please call us as soon as possible at 415.371.2200.

BEST AVAILABLE COPY

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Burbank, et al.

) Examiner: Jonathan M. Foreman

For: METHODS AND APPARATUS FOR  
SECURING MEDICAL INSTRUMENTS TO  
DESIRED LOCATIONS IN A PATIENT'S  
BODY

) Group Art Unit: 3736

) TRANSMITTAL

Serial No.: 10/010,213

Filed: December 4, 2001

Atty. Docket No.: R0367-00201

**CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8**

I hereby certify that these papers are being sent by facsimile to Examiner Jonathan M. Foreman (703) 872-9306, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 13, 2005, in San Francisco, CA.

Ange Marie Leav /

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Response to Election of Species Requirements.

2. Claim Fee Calculation

X No additional claim fee is required.  
Amendment increases number of claims or multiple dependencies.

**Additional Claim Fee Calculation**

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	12 - 42 =	0 x	\$100=	\$ 0
Total Claims	2202	3 - 5 =	0 x	\$25=	\$ 0

Additional Claims Fee \$ 0

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of \_\_\_\_\_.  
X The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0368-00201.

By: 

Edward J. Lynch  
Registration No. 24,422

Duane Morris LLP  
One Market  
Spear Street, 20<sup>th</sup> Floor  
San Francisco, CA 94105  
Telephone: (415) 371-2200  
Direct Dial: (415) 371-2267  
Facsimile: (415) 371-2201

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Burbank et al.

Examiner: Jonathan M. Foreman

Group: 3736

For: **METHODS AND APPARATUS FOR  
SECURING MEDICAL INSTRUMENTS  
TO DESIRED LOCATION IS A  
PATIENT'S BODY**

**RESPONSE TO ELECTION OF  
SPECIES REQUIREMENTS**

Serial No.: 10/010,213

Filed: December 4, 2001

Atty. Docket No.: R0367-00201

**CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8**

I hereby certify that this correspondence is being transmitted by facsimile (703) 872-9306 and addressed to Attention Jonathan M. Foreman,  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 1/13/05 in San Francisco, CA.

By 

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on December 15, 2004, please amend  
the above identified application as follows:

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**